

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000083174

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** TRILOGY MANAGEMENT LLC

**Current Principal Place of Business:**

420 NE 53RD STREET  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

420 NE 53RD STREET  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 20-5426470      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD STE 101  
TALLAHASSEE, FL 323012960 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK BLACKBURN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BLACKBURN, MARK  
Address: 420 NE 53RD STREET  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK BLACKBURN

CEO

10/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date